

Please type a plus sign (+) inside this box → +

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 500.38618X00

First Inventor or Application Identifier Atsushi MAEDA, ET AL

A METHOD FOR MANAGING PUBLIC KE $oldsymbol{i}$

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Express Mail Label No.

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | | |
|---|---|--|--|--|--|--|--|
| * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. X Specification [Total Pages 24] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 4. Oath or Declaration [Total Pages] a. Newly executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63) | ADDRESS TO: Box Patent Application Washington, DC 20231 5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement (when there is an assignee) 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | | |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). 16. If a CONTINUING APPLICATION, check appropriate box, and | 13. Statement(s) Statement filed in prior application Status still proper and desired 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. X Other: See 1 in Addendum oly the requisite information below and in a preliminary amendment: | | | | | | |
| Continuation Divisional Continuation-in-part (CIP) of prior application No:/ Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | |
| 17. CORRESPOND | | | | | | | |
| | or Correspondence address below | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| City State | Zip Code | | | | | | |
| Country Telephone | Fax | | | | | | |
| Name (Print/Type) Cart 1. Brundidge | Registration No. (Attorney/Agent) 29,621 Date 06/02/2000 | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
officion of information unless it displays a valid OMB control number.

| der the Paperwork Reduction Act of 1995, no persons are required to respond to a confection of information diffess it displays a valid control number. | | | | | | | | |
|---|----------------------|-----------------------|--------------|--|--|--|--|--|
| FEE TRANSMITTAL | | Complete if Known | | | | | | |
| | | Application Number | | | | | | |
| for FY 2 | 2000 | Filing Date | June 2, 2000 | | | | | |
| Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28. | First Named Inventor | Atsushi MAEDA, ET AL. | | | | | | |
| | Examiner Name | | | | | | | |
| | and 1.28. | Group / Art Unit | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$)690.00 | Attorney Docket No. | 500.38618X00 | | | | | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | | | | |
|--|--|--------------------|---------------------|---|----------------------------------|----------|----------|--|--|
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | Small E | ntity ee | Fee [| Description | | Fee Paid | | |
| Deposit Account 01-2135 | | Code (205 6 | | | ling fee or oa | | 0.00 | | |
| Number UT 2133 | | 227 2 | 0 | • | rovisional fili | | 0.00 | | |
| Account Antonelli, Terry, Stout & Kraus | | | cover | sheet. | | | | | |
| Name | | 139 130 | | Non-English specification For filing a request for reexamination | | | 0.00 | | |
| Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 | | 147 2,53 112 92 | _ | ng a reques esting public | | | | | |
| 2. X Payment Enclosed: | 112 920* | | Exami | ner action | | 0.00 | | | |
| X Check Money Other | 113 1,840* | 113 1,8 | 840* Reque Exami | esting public ner action | ation of SIR | anter | 0.00 | | |
| FEE CALCULATION | 115 110 | 215 5 | J | • | y within first | | 0.00 | | |
| 1. BASIC FILING FEE | | 216 19 | | | y within seco | | 0.00 | | |
| Large Entity Small Entity | | 217 439 218 689 | • | | y within third y within fourt | | 0.00 | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | | 228 925 | | - | y within fifth | | 0.00 | | |
| 101 690 201 345 Utility filing fee 690.00 | • | 219 15 | Matian | of Appeal | , | | 0.00 | | |
| 106 310 206 155 Design filing fee | | 220 15 | Ellina | a brief in su | 0.00 | | | | |
| 107 480 207 240 Plant filing fee | | 221 13 | Danie | est for oral h | 0.00 | | | | |
| | 208 345 Reissue filing fee 138 1 510 138 1 510 | | | | | | 0.00 | | |
| 114 150 214 75 Provisional filing fee | | 240 5 | Datitio | n to revive - | 0.00 | | | | |
| SUBTOTAL (1) (\$) 690.00 | | 241 60 | 5 Petitio | n to revive - | 0.00 | | | | |
| 2. EXTRA CLAIM FEES | 142 1,210 | 242 60 | 5 Utility | issue fee (o | 0.00 | | | | |
| Fee from Extra Claims <u>below</u> <u>Fee Paid</u> | 143 430 | 243 21 | 5 Desigr | n issue fee | | | 0.00 | | |
| Total Claims 4 -20** = 0 × 18 = 0 | 144 580 | 244 29 | 0 Plant i | Plant issue fee | | | | | |
| Independent - 3** = X = 0 | 122 130 | 122 13 | 0 Petitio | 0.00 | | | | | |
| Multiple Dependent =0 | | 123 5 | 1 0000 | ns related to | 0.00 | | | | |
| **or number previously paid, if greater, For Reissues, see below Large Entity Small Entity | 126 240 | 126 24 | ⁰ Submi | ission of Inf | 0.00 | | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | | 581 4 | proper | rty (times nu | atent assign umber of pro | perties) | 0.00 | | |
| 103 18 203 9 Claims in excess of 20 | 146 690 | 246 34 | r mig | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | | |
| 102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid | 149 690 | 249 34 | 5 Forea | ach addition | al invention t | | 0.00 | | |
| 109 78 209 39 ** Reissue independent claims | | | exami | ineu (37 CF | R § 1.129(b) | , | 0.00 | | |
| over original patent | Other fee (specify) 0.00 | | | | | | 0.00 | | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | Other fee (specify) | | | | | | | | |
| SUBTOTAL (2) (\$) 0.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00 | | | | | | | | | |
| SUBMITTED BY Complete (if applicable) | | | | | | | | | |
| Name (Print/Type) Carl L-Brundidge Registration No. (Attorney/Agent) 29,621 Telephone 703 | | | | | | 703-312 | 12-6600 | | |
| Signature Date 06/02/2000 | | | | | | | | | |

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

WARNING: